



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Medication Aide Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions
Address: 1000 West 4th Street, Suite 9
Yankton, SD 57078
Phone Number: 605-668-8475 Fax Number: 605-668-8483

AESS Program Instructor: Gwen Maag, RN (SD: R032347 Expires: 05/29/2016) gmaag@avera.org
Verified by: _____ (SD BON)

Facility: Welcov- Assisted Living
Location: Elk Point South Dakota
Facility RN Clinical Sponsor/Instructor(s):
Paulette Green Groon RN; SD license # R022244; Expires: 12/12/15
Verified by: _____ (SD BON)

RN; SD license # _____; Expires: ____/____/____
Verified by: _____ (SD BON)

RN; SD license # _____; Expires: ____/____/____
Verified by: _____ (SD BON)

RN; SD license # _____; Expires: ____/____/____
Verified by: _____ (SD BON)

AESS Program Instructor Signature: _____ Date: ____/____/____ *maag*

X Administrator/DON/ADON Signature: Kenny Kooty LPN Date: 06/30/2014

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>7/7/14</u>	Date Application Denied: _____
Date Approved: <u>11/01/14</u>	Reason for Denial: _____
Expiration Date of Approval: <u>11/01/2016</u>	
Board Representative: <u>Schirmer</u>	
Date Notice Sent to Institution: _____	

May 2014